

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT UNDER THE CIVIL RIGHTS ACT

SOUTHERN DISTRICT OF MISSISSIPPI

IN THE UNITED STATES DISTRICT COURT

FOR THE SOUTHERN DISTRICT OF MISSISSIPPI

FILED

NOV 18 2010

COMPLAINT

The image shows a rectangular court seal. At the top, it reads "SOUTHERN DISTRICT OF MISSISSIPPI". In the center, the word "FILED" is printed above a large rectangular box. Below this box, the date "NOV 18 2010" is stamped. At the bottom, it says "J.T. NOBLIN, CLERK" on the left and "DEPUTY" on the right.

Kings (Last Name) (Identification Number)

GCRCTF
(Institution)

154 Industrial Park Road, Laredo, MS 39452
(Address)

(Address)
*(Enter above the full name of the plaintiff, prisoner, and address
plaintiff in this action)*

V.

CIVIL ACTION NUMBER:

1.10CV533LG-RHW

(to be completed by the Court)

George County ~~East~~ Regional County Jail Facility

(Enter above the full name of the defendant or defendants in this action)

OTHER LAWSUITS FILED BY PLAINTIFF

NOTICE AND WARNING:

The plaintiff must fully complete the following questions. Failure to do so may result in your case being dismissed.

- A. Have you ever filed any other lawsuits in a court of the United States? Yes () No (✓)

B. If your answer to A is yes, complete the following information for each and every civil action and appeal filed by you. (If there is more than one action, complete the following information for the additional actions on the reverse side of this page or additional sheets of paper.)

 1. Parties to the action: _____

 2. Court (if federal court, name the district; if state court, name the county): _____

 3. Docket Number: _____
 4. Name of judge to whom case was assigned: _____
 5. Disposition (for example: was the case dismissed? If so, what grounds? Was it appealed? Is it still pending?): _____

PARTIES

(In item I below, place your name and prisoner number in the first blank and place your present address in the second blank. Do the same for additional plaintiff, if any).

I. Name of plaintiff: Calvin Dakota Prisoner Number: 2010070667
Address: 105 Pecan Circle
Lucedale, MS 39452

(In item II below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use the space below item II for the names, positions, and places of employment of any additional defendants.)

II. Defendant: George County Regional Jail Facility is employed as
Correctional Officers at George County
Regional County Jail Facility

The plaintiff is responsible for providing his/her address and in the event of a change of address, the new address of plaintiff as well as the name(s) and address(es) of each defendant(s). Therefore, the plaintiff is required to complete the portion below:

PLAINTIFF:

NAME: Calvin Dakota King ADDRESS: 105 Pecan Circle, Lucedale MS 39452

DEFENDANT(S):

NAME: George County Regional
County Jail Facility ADDRESS: 154 Industrial Park Road
Lucedale, MS 39452

GENERAL INFORMATION

A. At the time of the incident complained of in this complaint, were you incarcerated because you had been convicted of a crime?

Yes () No (✓)

B. Are you presently incarcerated for a parole or probation violation?

Yes () No (✓)

C. At the time of the incident complained of in this complaint, were you an inmate of the Mississippi Department of Corrections (MDOC)?

Yes () No (✓)

D. Are you currently an inmate of the Mississippi Department of Corrections (MDOC)?

Yes () No (✓)

E. Have you completed the Administrative Remedy Program regarding the claims presented in this complaint?

Yes () No (✓), if so, state the results of the procedure: _____

F. If you are not an inmate of the Mississippi Department of Corrections, answer the following questions:

1. Did you present the facts relating to your complaint to the administrative or grievance procedure in your institution?
Yes (✓) No ()

2. State how your claims were presented (written request, verbal request, request for forms): Written, verbal requests + request forms, either overlooked, thrown away by staff, or considered irrelevant.

3. State the date your claims were presented: Periodically from July 2010 to Nov. 2010

4. State the result of the procedure: I was considered non important, cry baby, a troublemaker, a nigger.

STATEMENT OF CLAIM

- III. State here as briefly as possible the facts of your case. Describe how each defendant is involved. Also, include the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of different claims, number and set forth each claim in a separate paragraph. (Use as much space as you need; attach extra sheet if necessary.)

Well, since being here, I was targeted by Staff, because of various grievances from 09 (June - July 09 / Oct. Nov. 09) some of the officers involved, carried grudges, so far as to insult my faith in Islam, my belief in merciful Allah. Now I have had death in my family, with the loss of a mis-carriage, have went through the proper chains of command, it seems only the white inmates qualify for such assistance, my pregnant Children's mother lost our child Nov. 8, 2010, she has called and left numerous messages, only to be lied to, for I haven't been allowed to speak directly to her, even the Chaplain here seems racist, I feel my life's in extreme danger 24/7.

RELIEF

- IV. State what relief you seek from the court. Make no legal arguments. Cite no cases or statutes.

I would seek only proper investigations of this entire facility, from staff, kitchen, medical, as well as technical and maintenance, to also include of certain members of staff being tied into the Ayran Brothers, Dixie Mafia, and look into medical mis-conduct.

Signed this 9 day of November , 20 10 .

Lahly 20010070067
105 Pecan Circle, Laredo, MS 37452
Signature of plaintiff, prisoner number and address of plaintiff

I declare under penalty of perjury that the foregoing is true and correct.

November 9, 2010

(Date)

Signature of plaintiff